Parent Signature:

CHURCHVILLE RECREATION COUNCIL

HOPPIN' HAWKS JUMP ROPE CLUB

Jump rope is FUN and a great way to increase COORDINATION, PHYSICAL FITNESS, and to CROSS-TRAIN for other sports. Our instructional programs run for eight weeks; they are open to any girl or boy, **ages 5 and up** who wants to jump rope. JUMPERS WILL LEARN single rope skills, partner challenges, speed and power moves, long rope tricks, choreographed group routines & Double Dutch. Jumpers are placed on ability teams and advance to higher level teams when ready. All new jumpers begin on our intro team; TALONS.

Visit our website at www.hoppinhawks.org for more information. For questions email hoppin hawks@yahoo.com.

All sessions will be held at the Prospect Mill Elementary School on Thursday evenings.

Times and costs for all sessions are as follows: Circle desired team below

Beginner - Talons	5:30-6:25 pm	\$55/session	\$95/two sessions	\$140/three sessions
*Intermediate - Wings	6:30-7:25 pm	\$55/session	\$95/two sessions	\$140/three sessions
*Advanced-Soar/F.I.T.	7:30-8:50 pm	\$60/session	\$105/two sessions	\$155/three sessions
**Double Dutch	6:30-7:30 pm	\$30/three weeks	N/A	N/A

- * Advanced teams: Must complete Talons before advancing to Wings and complete Wings before moving to SOAR/F.I.T.
- ** Double Dutch (must be registered in Wings or higher)
 Discounts for multiple sessions apply only if registered by September

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2017 season and dates are as follows: Check	desired season(s) below		
☐ Winter. ☐ Spring. ☐ Double Dutch. (must be registered in Wings or higher)	March 16 - May 18th		
plex. PLEASE MAIL to P.O. Box 155, Churchville, MD 21028. Class	cil". Please DO NOT drop off your registration form at the Recreation Comsess will be held on a first come, first served basis contingent upon suffitration. Payment must be made at the time of registration. Unless you are a scheduled. Your cancelled check will be your receipt.		
Jumper's Name (please print):	Home Phone:		
Is your child in any other Churchville Recreation programs?			
If so, which and when did they last participate?			
Parent Email Address:	Age:		
DISCLOS	URE STATEMENT		
agents, officers, and employees, from all liability arising from any harm or stand that there is an inherent risk involved in any program. I certify, by m capable of participating. I will make the instructors aware of any allergies Concussion Information, SB771/HB858, which requires that all parents/gualete. This can be found at the Center for Disease Control, www.cdc.gov/h	orporate and politic of the State of Maryland, and its elected and appointed officials, injury, including death, sustained by me while participating in this program. I underly signature, that I understand this and agree. I also certify that my child is physically and/or medical problems. By my signature I acknowledge my understanding of the ardians and athletes be made aware of the dangers a concussion may have on an atheadsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which relen cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-10-2-32-4636.		

Date: